

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2012 thru 6/30/2015.

Employer: Twp. of Franklin Bd. of Ed.

County: Gloucester

Date: May 19, 2014

Name: Elizabeth A. DiPietro
Print Name

Title: SBA/BS


Signature

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**Public Employer: Township of Franklin Board of Education County: GloucesterEmployee Organization Twp of Franklin Education Association Employees in Unit _____Base Year Contract Term: 9/1/09 - 8/31/12 New Contract Term 7/1/12 - 6/30/15Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Item 1	Salary	<u>7078235</u>	<u>7262269</u>
Item 2	Increment	<u>-0-</u>	<u>-0-</u>
Item 3	Longevity	<u>-0-</u>	<u>-0-</u>
Item 4			
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet.	Additional items		
Section III: Totals - Sum of costs in each column		<u>7078235</u> (Total)	<u>7262269</u> (Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)

120

Effective Date (m/d/yyyy)

7/1/127/1/137/1/14

Percent Increase

2.62.22.2

Total cost of increase

184,034159,770163,285

Total base salary (successor agreement)

726226974220397585324**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)

2.33

Dollar Impact (average per year over term of agreement)

169,030**Section VI**

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan	<u>1660297</u>	<u>1759914</u>
Employee Contributions	<u>94900</u>	<u>208,691</u>
Prescription	<u>502,092</u>	<u>532,217</u>
Dental	<u>47,651</u>	<u>50,510</u>
Vision	<u>-0-</u>	<u>-0-</u>

* Numbers Extrapolated from Year 1 info

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by:

Elizabeth A. DiPietro

Title:

School Business AdministratorElizabeth A. DiPietro

Print Name

Signature

Date:

6-10-2014